

INFORMED CONSENT REVIEW - CONVULSIVE TREATMENT

(For Voluntary Patients)

I, the undersigned physician, have reviewed the treatment record of

_____, which included the psychiatric history and
(patient)

examination by _____, M.D., and specific statements by
(treating physician)

_____, M.D., indicating the reason for the choice of this
(treating physician)

treatment procedure, that all reasonable treatment modalities have been carefully
considered, that convulsive treatment is definitely indicated, and is the least drastic
alternative available for this patient at this time.

Based on my personal examination of the patient and my review of the patient's
treatment record, I agree with the opinion of _____, M.D.,
(treating physician)

that the patient is capable of giving informed consent and has consented to the
treatment.

_____, M.D.
(date) (consulting physician)

(Voluntary patients include all patients who are not involuntarily detained, nor are under
guardianship or conservatorship.)